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PTO/SB/05 (4/98)  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. 67041-001	
First Inventor or Application Identifier		Hodges	
Title		Method of Grouping Patient Information	
Express Mail Label No.		EL860081326US	

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b>	
See MPEP chapter 600 concerning utility patent application contents		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)		
2. <input checked="" type="checkbox"/> Specification [Total Pages 20] (preferred arrangement set forth below)	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
- Descriptive title of the invention	a. <input type="checkbox"/> Computer Readable Copy		
- Cross References to Related Applications	b. <input type="checkbox"/> Paper Copy (identical to computer copy)		
- Statement Regarding Fed sponsored R & D	c. <input type="checkbox"/> Statement verifying identity of above copies		
- Reference to Microfiche Appendix	<b>ACCOMPANYING APPLICATION PARTS</b>		
- Background of the Invention	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))		
- Brief Summary of the Invention	8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Attorney (when there is an assignee)		
- Brief Description of the Drawings (if filed)	9. <input type="checkbox"/> English Translation Document (if applicable)		
- Detailed Description	10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations		
- Claim(s)	11. <input type="checkbox"/> Preliminary Amendment		
3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. 113) [Total Sheets 4]	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
4. Oath or Declaration [Total Pages 3]	13. <input checked="" type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)		
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)		
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)	15. <input type="checkbox"/> This application claims priority to		
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. § 1.63(d)(2) and 1.33(b).	16. <input checked="" type="checkbox"/> Other: Certificate of Express Mail		
<b>NOTE FOR ITEMS 1 &amp; 3: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)</b>			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner _____ Group / Art Unit _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			

<b>17. CORRESPONDENCE ADDRESS</b>			
<input type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below	
(Insert Customer No. or Attach bar code label here)			
Name	Theodore W. Olds CARLSON, GASKEY & OLDS, P.C.		
Address	400 West Maple Road, Suite 350		
City	Birmingham	State	MI
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		Fax	(248) 988-8363

Name (Print/Type)	Theodore W. Olds	Registration No. (Attorney/Agent)	33,080
Signature		Date	10/01/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$740.00)

## Complete if Known

Application Number  
 Filing Date  
 First Named Inventor  
 Examiner Name  
 Group Art Unit  
 Attorney Docket No. 67,041-001

## METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 50-1482  
 Deposit Account Name Carlson, Gaskey & Olds

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	740.00
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$740.00)

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
14	-20** =	X	
Independent Claims	-3** =	X	
Multiple Dependent			

### Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203	9 Claims in excess of 20
102	84	202	42 Independent claims in excess of 3
104	280	204	140 Multiple dependent claim, if not paid
109	84	209	42 ** Reissue independent claims over original patent
110	18	210	9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$0.00)

\*\*for number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,950	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
561	40	561	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$0.00)

## SUBMITTED BY

Name (Print/Type) Theodore W. Olds  
 Signature

Registration No. 33,080  
 (Attorney/Agent)

## Complete if applicable

Telephone 248 988-8360

Date 10 Dec 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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**UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Hodges  
Serial No.: Unknown  
Filed: Herewith  
Title: **Method of Grouping Patient Information**

**EXPRESS MAIL CERTIFICATE**

"Express Mail" Label Number: **EL860081326US**


Date of Deposit: **December 10, 2001**

I hereby certify that the attached documents or fees are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to "U.S. Patent and Trademark Office, Washington, D.C. 20231".

**EL860081326US**

Laura Combs

(Typed or printed name of person mailing paper or fee)

  
(Signature of person mailing paper or fee)